

SECRET

39,418

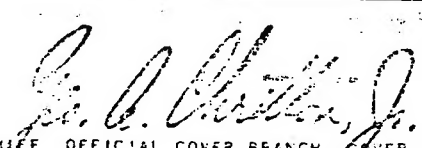
NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE 18 Sep 75	FILE NO. 3043
TO: (Check)	CHIEF, CONTROL DIVISION, OP			SS NUMBER 525-20-4565	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP			EMPLOYEE NUMBER 003385	
	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN: SUPPORT STAFF			ID CARD NUMBER	
REF.				OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED CONTINUED
STATUS					<input type="checkbox"/> CANCELLED
SUBJECT				UNIT	
CORALES, DAVID S.				U.S. ARMY [STAFF GROUP]	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>		EFFECTIVE DATE: _____	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. (HNB 20-11)		EAA: CATEGORY I _____ CATEGORY II _____	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
EAA, CATEGORY I _____ CATEGORY II _____		DO NOT WRITE IN THIS BLOCK - I	
SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR U.S. GOVERNMENT EMPLOYMENT APPLICATIONS.			

## DISTRIBUTION:

COPY 1 - CD OR CPD  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - DS SRD  
 COPY 4 - JC-D/D/TFB  
 COPY 5 - CCS-FILE

  
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF